



Notice of Independent Review Decision - WC

IRO REVIEWER REPORT – WC

DATE OF REVIEW: 03/30/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right sacroiliac joint injection

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board certified in Physical Medicine and Rehabilitation.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute:

- Right sacroiliac joint injection - upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The date of injury is listed as xx/xx/xx. The records available for review indicate that on the date of injury the claimant was involved in a motor vehicle accident. The records available for review indicate that additionally the claimant was involved in a motor vehicle accident in March 2014.

A cervical MRI scan obtained on 03/22/14 revealed findings consistent with a disc protrusion at the C5/C6 level. The report did not describe the presence of any findings worrisome for a compressive lesion upon a neural element in the cervical spine.

A lumbar MRI scan obtained on 07/19/14 revealed findings of no significant change compared to a study obtained on 03/22/14. There was evidence for mild facet disease at the L3-L4, L4-L5, and L5-S1 levels.

The claimant was evaluated on 08/07/14. On that date, there were symptoms of cervical pain, mid back pain, as well as low back pain. Pain was described as a 6/10 to 7/10 on a scale of 1 to 10. It was documented that there had been a previous attempt at treatment in the form of physical therapy services.

A Designated Doctor Evaluation was conducted on 09/12/14. On this date, the claimant was placed at a level of maximum medical improvement. On this date, the claimant was awarded a total body impairment of eighteen percent.

The claimant received an evaluation on 09/18/14. On that date, there were symptoms of low back pain, as well as bilateral hip pain. Pain was described as a 7/10 on a scale of 1 to 10. Objectively, there was documentation of good strength in the lower extremities with a positive straight leg raise test in the lower extremities.

An electrodiagnostic assessment was accomplished on 10/16/14. This study, obtained on the lower extremities, revealed no abnormalities to be present.

The claimant was re-evaluated on 10/17/14. On this date, it was recommended that a pelvic MRI scan be accomplished. It was documented that previously a request for a pelvic MRI scan had been denied.

A re-evaluation occurred on 01/30/15. On this date, on physical examination, there was documentation of tenderness to palpation over the right sacroiliac region with a positive straight leg raise test in the right lower extremity. Subjectively, there were symptoms of low back pain and right hip pain described as a 7/10 on a scale of 1 to 10.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

At the present time, per criteria set forth by Official Disability Guidelines, medical necessity for treatment in the form of a right-sided sacroiliac joint injection is not established. This reference would not support this request to be one of medical necessity, as the records available for review do document the presence of signs and symptoms consistent with a lumbar radiculopathy. Additionally, the submitted documentation does not provide sufficient findings on physical examination to support the presence of pain symptoms referable to the right sacroiliac joint region, per criteria set forth by the above-noted reference. Specifics are not provided with regard to the amount of supervised rehabilitation services previously provided. The above-noted reference indicates that prior to consideration of treatment in the form of a sacroiliac joint injection there needs to

be an attempt at at least four to six weeks of supervised rehabilitation services. As such, presently, per criteria set forth by the above-noted reference, medical necessity for treatment in the form of a right-sided sacroiliac joint injection is not established.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☒ **MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☒ **ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**